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Cancer as Metaphor:
The Metaphorical Implications of Romanticized Illness in Young Adult Fiction

Bridget Bey

A DEPARTMENT HONORS THESIS SUBMITTED TO THE
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“In 2010, about six hundred thousand Americans, and more than 7 million humans around the world, will die of cancer. In the United States, one in three women and one in two men will develop cancer during their lifetime. A quarter of all American deaths, and about 15 percent of all deaths worldwide, will be attributed to cancer.”

— Siddhartha Mukherjee, *The Emperor of All Maladies*

In 1978, Susan Sontag published her groundbreaking essay, “Illness as Metaphor,” in which she analyzes social attitudes toward illness. Sontag argues that we understand illness as a combination of science and metaphor, as the actual disease and as a reflection of the patient’s personality (1). Cancer is so rampant, as Mukherjee’s statistics show, that this disease seems almost ever present in America today, such that we have developed two different understanding of the disease: one in terms of science and one in terms of metaphor. Because even in the age of modern medicine, our attitude towards illness affects how society thinks of a healthy person when that same person is diagnosed with a terminal illness. Through the lens of western literature, Sontag shows the ways in which metaphorical conceptions of disease function figuratively within the narrative. She suggests that the ethical dimension of the character, or patient, is defined by his or her illness. In particular, cancer and tuberculosis are “understood as diseases of passion,” and Sontag argues that illness, based on this cultural metaphor, creates a passion that consumes everything and reveals a person’s hidden desires (20, 44). The ill person acts on these previously unknown desires, and thus the resulting romance stems from the illness, generating a trope about the romance of disease. Moreover, as Sontag says, “any important disease whose causality is murky, and for which treatment is ineffectual, tends to be awash in significance,” because despite modern medicine, illnesses are so often steeped in mystery, such that each of the sufferers seems divinely singled out (37). The literary popularity of illness, with

a focus on tuberculosis, and these metaphorical trends in literature, which Sontag established, still find expression in contemporary Young Adult (YA) fiction.

YA fiction is marketed for adolescents; however, one could argue “the YA novel is a subset of novel for adults while the novel for children is its own creature” (Cadden 307). Based on structural tendencies, themes, and modes, there are obvious parallels between the YA and adult novel not seen in children’s literature. With this in mind, Pamela B. Cole, author of *Young Adult Literature in the 21st Century*, claims, “realistic fiction is the backbone of the young adult literature genre” (98). Before the mid-20th century literature directed adolescent indeed existed; however, these earlier works, such as *Nancy Drew* and *The Hardy Boys*, depicted “attractive, smart, carefree, and successful white teens with stable home lives” (Cole 99). And after the reality of World War II and the beginning of the Civil Rights Movement, Cole believes that most teenagers recognized that the “problems these protagonists face are impractical, and their lives are too perfect” (99). Thus contemporary adolescents want novels that deal with real issues potentially reflective their own lives; and, as Cole explains, the modern conception of YA fiction began in the second half of the 20th century with the problem novel, a narrative in which adolescent protagonists must confront personal or societal problems. Maureen Daly’s romance, problem novel, *Seventeenth Summer* (1942), is often cited “as the first young adult novel” (Cole 163). In this YA romance novel, the seventeen-year-old female protagonist must choose between young love and attending college, ultimately she chooses college and experiences heartache. As the problem novel “took root in the 1970s,” *Seventeenth Summer* marked a shift away from the “pure romance novel” of bodice ripping towards more “realistic portrayals of love” (Cole 163). These depictions appealed to young adults as they spoke to the same problems that many teenagers encounter themselves, such as sexual awakening, personal loss, bullying, and

heartache (Cole 164; Koss and Teale 567). Cole points out that YA fiction often ends with hope and utilizes a good deal of humor, but the quintessential YA novels, the problem novels, “have serious overtones and can have dark and tragic conclusions” (102). And indeed illness, such as Sontag analyzed in the adult novel of the 19th and 20th centuries, is a primary subject matter in YA fiction. In fact, a content analysis of American YA fiction from 1999 to 2005 shows that one in four YA novels deal with illness (Koss and Teale 567). And the years 1970 to 2017 show over two hundred YA romance novels that deal with illness, ninety novels where the adolescent protagonist has a terminal illness, and eighty-five YA novels specifically about cancer (Cancer Book Lists).

In YA novels, illness often prompts the story and directs the movement of the narrative. Without the cancer there would be no story, there would just be normal angsty teens; as Sontag says, illness “made one interesting,” interesting enough to be the focus of an entire novel (Sontag 31). Consequently seen in this backdrop, cancer today, although often a death sentence, is almost a promotion for the teen, offering the patient a fascinating life in relief against our normal lives. In the paradigmatic YA cancer narrative, a young woman develops cancer, falls in love, and then dies. Normally, the cancer patient is a normal young woman, maybe a little smarter or a little prettier than most, but in general she is ordinary. But through her experience of cancer, this young woman becomes special, and this specialness leads to a special romance. In the majority of YA cancer novels, the young woman does die, but first she finds both herself and love. The implication is that without cancer, each young protagonist would have no love story, because illness in YA narratives facilitates love where it formally did not exist. Cancer functions in the novel as romantic catalyst; thus, cancer becomes fundamentally tied to love in YA fiction, which in turn romanticizes cancer. Adolescent illness in YA novels if romanticized, generates the trope

of the adolescent cancer patient. Based on this conceptualization of illness as a mark of specialness, Sontag also contends that cancer gives license to the patient to act in a way that is normally considered transgressive; because the cancer patient is both marked in a way that gives her eminence and sympathy, she also is distinctly separate from everyone who is healthy. Disease, therefore, is not only emblematic of the character's health but of her ethos, identity, and the reader's fascination with the narrative of disease.

Six popular American novels in particular establish and follow this narrative structure: *Love Story* (1970) by Erich Segal, *A Walk to Remember* (1999) by Nicholas Sparks, *My Sisters Keeper* (2004) by Jodi Picoult, *Me Earl and the Dying Girl* (2012) by Jesse Andrews, *The Probability of Miracles* (2012) by Wendy Wunder, and *The Fault in Our Stars* (2012) by John Green. These novels are a useful sample because each has been widely read and received positive reception from the reading public, if not from critics.¹ Segal's short novel, *Love Story*, was one of the first works of popular contemporary YA fiction that centered a love story on cancer. In the novel, the narrator, Oliver Barret IV, a womanizing Harvard jock from a rich family, falls in love with Jenny Cavilleri, an intellectual but poor, small-town woman. Against all odds, Oliver and Jenny get married, but a few years later Jenny develops leukemia and dies. The juxtaposition of disease and love in a YA novel caught the attention of the American public, and the novel's popular appeal was immediately evident. *Love Story* became a number one New York Times Bestseller and was the top selling novel of 1970 (Fox). It has been translated into more than 20 languages, and Pam B. Cole, in her evaluation of YA Fiction, calls Segal's novel "the most influential love story of the 1970s" (Fox; Cole 165). Additionally, the American Film Institute ranks *Love Story*'s subsequent film as the ninth most romantic American film ever produced (AFI's 100 Years). Then in 1999, *A Walk to Remember* ranked number 12 on

Publisher Weekly's list of Bestsellers Fiction from that year and remained on the New York Times's best-seller list for ten months (Best Selling Books; Young Adult Fiction). *Love Story*, *A Sisterhood of the Traveling Pants* (2001), *My Sister's Keeper* (2004), *Me Earl and the Dying Girl* (2012), and *The Probability of Miracles* (2012), all spent time on the New York Times bestseller list, most for over a year, and John Green's *The Fault in Our Stars* (2012) spent over three years on the list (Young Adult Fiction).

Yet, romanticized cancer in YA fiction creates more than an interesting tension between love, which is implicitly youthful and innocent, and death, which is implicitly old. Romance is only the visible symptom of cancer's affect on the character; the appeal of romanticized cancer for the reader lies deeper. This connection means that there is an implicit violence in eroticism and an implicit "sensuous aspect of death" (59). Fiona Tolhurst, professor of literature at Florida Gulf Coast University, argues that there is a "taste for darkness and sexual violence" among contemporary young adults (88). Although Tolhurst looked at Arthurian YA fiction, I believe that her observation also applies to YA cancer fiction. If our generation has a taste for sexual violence, then the contemporary novelists and contemporary reader's fascination with this relationship between sex and death is not surprising. This relationship can be defined as a connection between sexuality and cancer, an invader of the body; illness acts as a catalyst for love, and thus draws the connection between romance and death closer together. Romanticized cancer alters the patient's entire reality and creates a void between life before cancer and life with cancer. Nonetheless, cancer allows the young, dying woman to reconstruct her identity and creates a singular social situation for that young woman. This thesis argues that to create this situation, YA fiction romanticizes cancer, and that this romanticized cancer allows the young woman with cancer in the novel to throw off her inhibitions, leading to social freedom. The

paper will then show that this new freedom and life path that cancer provides and necessitates alters reality and continuity, which allows the patient to develop an ideal, coherent identity. The identity leads to personal fulfillment for the young, dying women, which appeals to the reader.

*

Romanticized Cancer

My candle burns as both ends;
It will not last the night;
But ah, my foes, and oh, my friends—
It gives a lovely light!

— Edna St. Vincent Millay, “First Fig,” *A Few Figs from Thistles*

Before the turn of the nineteenth century, illness was by society seen as a moral failing. Sontag explains that western society unconsciously believed that the individual must have done something in her life to justify the disease (38). The mystery surrounding most diseases meant that the mythoi of the illness informed the patient and community as much as actual facts. Sontag seems to suggest that these fatal diseases as a betrayal of the body, a conception that informed these illness fantasies, were a sort of moral test or punishment (39, 42). But with the rise of tuberculosis in the eighteenth century, romantic notions slowly replaced many of the negative moral implications about illness. The rate of tuberculosis, a deadly bacterial infection first dated to 3,000 BCE in Egypt, peaked in the nineteenth century. As a disease that affected even the young and healthy, a romantic conception developed around tuberculosis as a disease of adolescence (Sontag). Tuberculosis then became known as consumption, suggesting the patient was consumed by both the disease and their passions; the mysterious disease took hold of the young dramatically spurring their passions before death. This linguistic change fundamentally changed the characterization of disease. By the nineteenth and twentieth centuries, the metaphor surrounding illness evolved to include the idea that a young person generates “romantic agony”

as they die, which makes the young, dying person more romantic and more attractive (Sontag 28-29). When tuberculosis was eradicated in the mid-1900s; cancer replaced tuberculosis as the romantic illness of youth in fiction. YA fiction, in particular, was a perfect genre through which to express this overly romantic, tragic cultural narrative, because in puberty sexuality emerges along with the adolescent fascination with romance. And this part of the paper will explain how YA fiction romanticizes cancer in this modern adolescent context.

Indeed, Sontag acknowledged in the 1970s that leukemia, a “non-tumor form of cancer,” had begun to replace tuberculosis “as the romantic disease which cuts off young life” (17). Both TB in the twentieth century and cancer today are “understood as [diseases] of passion,” and I would argue that youths exemplify passion, whether that is love or lust (Sontag 20). Although the tragic event of adolescent death seems anything but erotic, David B. Morris, an emeritus professor of literature at the University of Virginia, says that love, “erotic and sexual,” is critically important to someone with cancer (431). Morris explains that love acts as an emotional ally in the bodily fight against cancer, providing the patient with enough strength to stay alive. The romantic partner throughout the fight against cancer acts as an emotional support during this battle. For example, in *The Probability of Miracles*, as Cam lays on her deathbed, she makes the decision to “hold out” just long enough to say goodbye to Asher, her boyfriend (Wunder 318). In *The Fault in Our Stars*, Augustus, the female protagonists’ boyfriend who also has cancer, says to Hazel Grace, the protagonist, “I’ll fight it, I’ll fight it for you;” consequently, Hazel fights her cancer for him (Green 215). And in *My Sister’s Keeper*, as Kate’s mother, Sarah, watches her daughter both battle cancer and experience her first love, she remarks:

The arsenic, which ultimately put Kate into remission, worked its magic by wearing her down. Taylor Ambrose, a drug of an entirely sort, worked his magic my building her up.
(Picoult 310)

Sarah suggests that the Kate's romance with Taylor was itself medicine, the same as chemotherapy. Love helps all of these young dying people live longer, which suggests that YA fiction embraces the restorative powers of love, at least until the love story comes to a satisfying though tragic conclusion.

Romance offers resistance to the illness, since the love supports the patient. But Morris adds that romance also resists the repressive mythoi of disease (437). In the old understanding, illness makes someone less of a person; the assumption is that since the patient must focus on health and survival, she is weak and cannot spend her limited time or energy on emotions, such as love. Specifically, Sontag argues that a traditional cultural link exists between "cancer and characterological resignations" (23). This repressive mythos says that the cancer patient will eventually give up on even on her own survival. While gallant acceptance of death as a reality can be romantic, depressed resignation to death is sad not romantic. Of the six texts I review here, the female protagonist, Rachel, in *Me, Earl, And the Dying Girl* is the only character in the who resigns herself to cancer and stops fighting; her mother explains, "She [Rachel] was never much of a fighter...lovely, but not tough" (Andrews 226-7). As a result of this resignation, Rachel dies. On the other hand, Cam in *The Probability of Miracles* attempts suicide after learning that her best friend died from cancer, but she realizes her mistake and begins a romantic relationship with Asher as a result (Wunder 236). Then, in *The Fault in Our Stars*, when Hazel Grace says, "I wish I would just die" after Augustus, her boyfriend, dies, she decides to keep fighting because she "owes a debt to the universe" (Green 294). Debt here suggests that the opportunity to be alive and the privilege to have fallen in love outweigh acquiescence to death. Each character's suicide attempt, moment of hopelessness, or complete resignation speaks to the former repressive mythos of the weak cancer patient. The cancer patient, based on this former

mythos, was also seen as the embodiment of repressed “feeling” and “characterological resignation (Sontag 20, 23). These moments I’ve presented from YA cancer novels suggest that although YA fiction has reframed the cancer narrative in terms of romance, certain metaphorical connotations of a cancer patient persist, and the protagonists actively struggle with these characterological pigeonholes. Although YA fiction has reworked and repurposed disease for the 21st century in a genre aimed at younger readers—creating a lighter more idealistic tone compared to the novels that deal with tuberculosis—certain characteristics that Sontag defined as quintessentially cancerous remain part of our social metaphor about cancer. But Cam’s survival of her suicide attempt and Hazel Grace’s ability to find happiness in love after Augustus’ death (before her own) speaks to the importance contemporary YA fiction places on romance in the dying process. Ultimately, most protagonists in these YA novels do not resign to cancer, and as a result they each find true love. And this love makes that dying process more bearable, while at the same time it makes the ending more tragic. Furthermore, because the young women only have a few weeks left of life, the cancer actually speeds up the romantic process. So while the romance may seem naïve, I believe that the temporal urgency of their desires validates the sincerity of the young love. Cancer, and death from cancer, in most YA cancer novels becomes the catalyst for romance.

In literature, according to Morris, romance is understood as an expression of “eros,” that is romantic love not simply erotic desire, because romance, or eros, conceptually combines love and sexuality (420). This definition of eros is applicable to the presentation of romance in YA cancer narratives, because YA fiction contains much less emphasis on sex than adult romance or erotic novels; explicit descriptions of sex cannot exist in YA cancer narratives if the novel is to be considered young adult fiction. Moreover, in young adult fiction, open female sexuality is the

capacity to express and enact romantic or erotic desires, based on Morris' definition (Williams); these novels allow the young female protagonists to experience open sexuality, while the young women need not actually have sex. YA romance deals with adolescent eroticism, not erotica; and though YA novel may allude to sex through the openness of female sexuality, it may not explicitly depict or mention the act of sex (Williams). But the role of romance in YA cancer narratives is further complicated by the inclusion of disease. According to Morris, the Greeks saw a dichotomy within eros as something of pleasure and pain, because eros involves both "erogenous zones" and "human consciousness" (421). Both the metaphysical and physical body are defined by their extremes—a flow between pain and pleasure emotionally and materially. Romanticized cancer, in particular, combines eros and the pain of dying into a single experience, because the romance derives from the disease.ⁱⁱ Despite this close symbolic connection, as modern medicine developed a cultural separation also developed between the healthy body, which experiences eros, and the sick body. This intellectual separation that we assume exists between romance and illness can be traced back to how we understand the connection between Asclepius (eros) and Hippocrates (logos) (Morris 419). The Hippocratic writer saw no contradiction between biomedicine and body medicine: the scientific approach to biological health versus health based on emotional and biological wellbeing (Morris 423). For example, Plato's *Symposium* begins with a discussion of love, and then the physician claims that Asclepius, the god of medicine, established how eros regulates illness (Morris 424). Modern medicine erased this early connection between eros and illness in order to separate the scientific Hippocratic tradition from the "magical and orgiastic healing rites" of body medicine (Morris 426). This historical split between eros and illness and the subsequent cultural transgressiveness of the ensuing relationship may explain the contemporary reader's fascination with romantic

cancer narratives. Romanticized illness as a historically and socially transgressive topic offers a window into a recusant life, which so differs from the reader's, with a strange inaccessible romance. Cole explains that although both sexes are drawn to romance novels "for the insights it provides about relationships," girls seen as the more emotional sex more than boys actively seek out and enjoy romance novels, such as YA cancer fiction (181). Thus, because most readers of YA cancer fiction are female and readers are drawn to protagonists of the same sex, most protagonists in these novels are also female. And as the more emotional sex, emotion and romance seem to permeate all aspects of female life. Indeed, Morris suggests that illness and medicine actually operate within an "intrinsically erotic dimension" (419). Illness as part of the body connects to the erotics of the body, implying that the distance placed between medicine and eros is incorrect. Moreover, Georges Bataille, a French philosophical theorist interested in sex, death, and the taboo, argues that eroticism, as an "aspect of the inner life of man," is a main feature of all human life (29). Eroticism, or the esthetics of desire, stems from eros. And as an intrinsic aspect of humans, eros remains an essential part of a person even if she develops an illness.

Humans pay attention to eros, as a vital part of the human experience, as we attempt to understand ourselves. And YA novels accommodate this cultural fascination with sex for young readers. Of the six YA cancer novel discussed here, five novels—*Love Story*, *A Walk to Remember*,ⁱⁱⁱ *My Sister's Keeper*, *The Probability of Miracles*, and *The Fault in Our Stars*—explicitly state the romantic desires held by the female protagonist. In *Love Story*, when Landon, the male narrator and female protagonist's new boyfriend, exclaims, "Jenny, for Christ's sake how can I read John Stuart Mill when every single second I'm dying to make love to you?," Jenny simply "placed her hands on the side of [his] neck" and bluntly says "Oliver—wouldja

please [make love to me]" (Segal 47-8). At this point in *Love Story*, Jenny, the protagonist, did not have cancer but unambiguously states her sexual desires, which would have been risqué in the 1970s. But more importantly, even after her diagnosis of cancer, Jenny does not lose her sexuality or her romance with Oliver, typified when she says, "I don't want Paris. I don't need Paris. I just want you [Oliver]" (Segal 163). This YA cancer female protagonist's open sexuality before and after her diagnosis underscores eroticism as characteristic of the YA cancer protagonist, and sets the stage for the romance of the disease. Although eroticism is a key feature of romance novels in general, straightforward erotica, without the literary camouflage of young love, is atypical in YA fiction.

The five female protagonists in these YA cancer novels, four of whom are under eighteen, openly express their female sexuality. In the *Probability of Miracles*, Cam Cooper, a sixteen-year-old diagnosed with terminal Neuroblastoma, paradigmatically places "Lose my virginity at a keg party" at the top of her to-do list before dying, which demonstrates the anxiety that surrounds her sexuality. Cam, like other YA protagonists in this genre, fears that she may never experience romance. Cam's fear suggests that if she does not experience romance before death she will have failed to become a full person, a real woman. Even Jamie, the seventeen-year-old hyper-religious daughter of a preacher dying of incurable leukemia, in *A Walk to Remember*, when asked what she wants in the future, replies, "I want to get married....That's all I want" (86). Kate, the six-teen-year old dying of acute myelocytic leukemia, in *My Sister's Keeper*, states her desires a more explicitly, though in a bit more innocently charming way: "Oh My god...He is gorgeous...You think he'll call?" (Picoult 309). In *The Fault in Our Stars*, Hazel Grace, who has stage-4 thyroid cancer, goes a bit farther when she thinks about romance and says, "He was probably thinking about kissing me, and I was definitely thinking about kissing

him” (Green 36). These YA cancer novels that focus on teenagers create a high level of taboo in terms of both love and death, which serves to isolate the female protagonists from normal teenagers. In other words, romance is more unlikely in adolescence and death is to an extent more tragic, thus the yearning for eros is stronger in someone who have yet to experience romantic love as she faces her imminent death, compared to a teenager with her entire life ahead of her^{iv}.

In *Erotism: Death and Sensuality*, Bataille agrees that sexual activity alone does not define human eroticism, but adds that sex still plays a major role in our understanding of love (29). Moreover, he argues that there are obvious taboos about sexuality in our society that regulate human erotic behavior (Bataille 30). According to Bataille, man emerged from animalism through work and moved from “from unashamed sexuality to sexuality with shame,” and eros is sexuality with shame (31). Thus eros entails regulated sexuality, and, according to Bataille, rebellion against this regulation is defined as taboo (37). To commit a taboo act or to behave in a taboo manner is to be transgressive; accordingly, eros (romance) is often transgressive and thus bad. Consequently, even contemporary society sees eros as monstrous and violent because it breaks up the expected order of work and responsibility. However, Bataille also claims that, as a taboo, sexuality captures our attention as something different from the norm and is thus enticing. Moreover, Bataille explains that taboo also surrounds death in western culture. This death taboo derives from the space people “put between themselves and violence,” and death is a violence that awaits us all yet “dislocates the ordered course of things,” like eroticism (Bataille 44, 46). And I would add that young death in particular, which dislocates the narrative of life not at the end but at the beginning, instinctively arouses unease. This association exists because young death contains violent connotations since it ends life prematurely.

However, the female protagonists' desires and behaviors are not necessarily transgressive because, as young women with cancer who will die prematurely, Cam, Kate, Hazel Grace, Jenny, and Jamie already represent taboo. Passion and premature death are two forms of taboo that hold our collective attention as disruptive behavior and events, although the appeal of each is slightly different. The appeal of passion makes sense, because love and sex feel good; that is until a certain point, when love goes wrong or becomes banal. However, the love these young women experience while ill can never sour or become dull, because these girls will not live long enough for that change to happen. For example, Jenny and Oliver are married for less than two years, and Jamie and Landon are together for less than a year, married for maybe a month; and then Kate and Taylor, Hazel Grace and Augustus, and Cam and Asher date for only a few months. In these books love is still in the Honeymoon phase, literally in the case of Jenny and Jamie. Death also appeals to us since inherent violence of death captures our attention. Both sex and death are violent, and both sex and death are part of the cycle of life.

*

Social Conformity and Illness

Cancer is a tremendous opportunity to have your face pressed right up against the glass of your mortality. But what patients see through the glass is not a world outside cancer, but a world taken over by it—cancer reflected endlessly around them like a hall of mirrors.

— Siddhartha Mukherjee, *The Emperor of All Maladies*

When the young female protagonists accept romance into their lives, they embrace eros. And when they embrace eros and their female sexuality, they embrace taboo. While taboo naturally separates itself from the norms of society, the taboos that surround these young, dying women do not ostracized them but distinguish them. Cancer relieves many social pressures; thus, when the young women throw off societal expectations, they gain a unique social freedom.

Cancer liberates these young women sexually, since they must quickly assume love before their impending death. Based on the standard of adolescent sexuality, their romances simulate adult, mature love, though the novels may not delve into the details that such a love normally entails. Consequently, while the reader may not see these female protagonists have sex or state plainly a desire for sex, the protagonists express their open sexuality, their promiscuity, through an expression *eros*, as the YA genre allows. Therefore, these young, dying women are still promiscuous. In the past, promiscuous women would have been socially emphasized in much the same way a cancer patient is today, but with completely opposite connotations. A cancer patient garners sympathy, but a promiscuous woman would have garnered derision. In Sontag's way of thinking, a cancer patient is tragic and therefore is interesting, even more so when this specialness uncovers desire. But in the past a sexual woman, especially if she was ill, was not interesting; she was immoral. Desirée Henderson, who specializes in eighteenth- and nineteenth-century American literature and women's writing, in her evaluation of funerary discourse, explains that even through the twentieth century open sexuality could ruin a woman. If a woman was indeed imperfect when she died, according to Henderson, that promiscuous woman was not mourned (488). Society wanted to impose the ideal female identity onto the memories of deceased women; however, if this idealization was not possible because of a woman's sexual transgressions, the death of a fallen woman was "neither acknowledged nor mourned" in public or private (Henderson 488). Thus in the past a transgressive, young, female cancer patient would be simply ignored. But in the twentieth century, the novel became the first platform that allowed an exploration of the consequences of a fallen woman's death (Henderson 495). Nonetheless, these early novels often reproach fallen women; they offer no sympathy to the young women that selfishly acts on her sexuality, which "destroys her own family; her punishment for this decision

is death” (Lee). For example, in many famous narratives that involve open female sexuality, such as Gustave Flaubert’s *Madame Bovary*, Leo Tolstoy’s *Anna Karenina*, Thomas Hardy’s *Tess of the d’Urbervilles*, Edith Wharton’s *House of Mirth*, and Kate Chopin’s *Awakening*, the young female protagonist dies out of reckoning at the end of the novel. Yet, in contemporary YA novels even though this protagonist still dies, the female protagonist’s explicit desire for romance is celebrated, which suggests that society now accepts not only female sexuality but also the positive influence romance has on illness.

In *Love Story* and *A Walk to Remember*, the families initially opposed the union of Oliver and Jenny and Landon and Jamie respectively, based on personal issues. However, when illness becomes a factor, the families embrace the positive influence of romance. Oliver’s father, in *Love Story*, adamantly opposes the marriage between Oliver and Jenny, but after he discovers that Jenny has just passed from cancer, he says, “you should have told me” (Segal 186). His statement implies that if he had known that Jenny was dying he would have changed his mind and supported their marriage. In another way, when Landon in *A Walk to Remember*, asks Jamie’s father, Reverend Sullivan, if he can take Jamie out, the Reverend says “I don’t think that will be possible;” however, then Landon declares his love for Jamie and her father immediately consents, “as though he knew he’d made the wrong decision” (Sparks 153-4). Jamie’s father seems to realize that this romance with Landon, although he disapproves, is Jamie’s only chance at love. When it is evident in their respective novels that Jenny and Jamie will die, the families support the romance that was seen as transgressive before cancer. In *My Sister’s Keeper*, Kate’s mother even says, “I know I should stop him [Taylor Ambrose], I know I have to, but I don’t,” because as she explains, “This much I want her to have” (Picoult 320). Kate’s mother seems to know the danger and heartache of love with cancer (especially if the boyfriend is older and also

has cancer, such as Taylor), but she supports the romance when normally she would not because it may be Kate's only opportunity. In *The Fault in Our Stars*, Hazel Grace kisses her boyfriend, Augustus who is also terminal, in the Anne Frank House and is sure the other patrons "were angry" and thinking, "These teenagers with their hormones, making out beneath a video broadcasting the shattered voice of a former father" (Green 203). However, as Hazels thinks that others will object to their sexuality, "they started clapping. All these people, all these adults, just started clapping, and one shouted 'Bravo'" (Green 204). In *Me, Earl, and the Dying Girl*, Greg, the narrator and Rachel's only real companion as she battles cancer, observes that "some people thought we [Greg and Rachel] were boyfriend and girlfriend, and perhaps even having sex" (Andrews 119). In this novel, where the love is completely platonic, people still want Rachel to express her sexuality and find romance now that she is dying. In *The Probability of Miracles*, when Cam starts sleeping with Asher, their romance actually brings her closer to her family, as Asher makes her happy. In each of the novels, the young patient's family, and indeed society in general, overtly support the romance the young, dying woman experiences. Even though the young protagonists have sex out of wedlock in *My Sisters Keeper*, *The Fault in Our Stars*, and *The Probability of Miracles*, no authority figure in any of these novels suggests that the couple should use protection, should not have sex, or should get married. Death trumps these kinds of prescriptions, because death as the final arbiter of behavior justifies smaller transgressions.

Initially, marriage acts as another litigator of this transgressive behavior along with death. In the early YA cancer novels, such as *Love Story* and *A Walk to Remember*, the female protagonist indeed marries her love interest before she dies. However, later in the YA cancer canon the teenage girl falls in love but does not get married, like Kate, Hazel Grace, and Cam. So contemporary YA cancer novels follow the same narrative structure as early novels about fallen

women: a young woman falls in love, has sex, dies. However, death is not the result of love, rather love is the result of impending death; cancer means that sexually active young women are not fallen women but sexually liberated. This behavior captures the reader's attention as transgressive, but the juxtaposition of cancer and premature death on adolescence creates a paradox. The female protagonist's behavior is still transgressive and thus interesting, but her death also allows the reader to accept the positive conception of her as liberated so she can act out these desires without consequence. Diane Price Herndl, in her evaluation of breast cancer autobiographies, suggests that the body's betrayal through cancer "can sometimes liberate identity from body constraints" (226). Cancer alleviates obligations to social conformity because the consequences of transgression matter less if the transgressor is about to die.^v Cancer means that an illicit pregnancy could never happen. Moreover, since all of these characters are younger than eighteen, except Jenny in *Love Story*, and most have been with their boyfriends for only a few months, maybe weeks, marriage is out of the question. Yet, cancer also means that romance must happen now if it ever will for the young women in these novels. Consequently, most of long-term consequences of liberated female sexuality do not apply to the cancer patient, who knows she will only live through the summer. Because terminal cancer eliminates the long-term, it also facilitates the familial and community acceptance of her liberated sexuality. For example, in early modern novels the female protagonist could not openly say in a socially acceptable way, "wouldja please [make love to me]," as Jenny said to Oliver in *Love Story*. Or how Cam in *The Probability of Miracles* said, "Dear Make-A-Wish, Can you please get me laid before I die?" (Wunder 61). *Love Story*, the first YA cancer novel, and *The Probability of Miracles*, the apotheosis of the YA cancer narrative, show that these statements do not damage the young woman; on the contrary, the story arc of YA cancer novels supports the articulation of these

erotic desires as a place of healing. Since, according to Morris, eros so supports a terminal patient, her desire for the erotic, be that physically or emotionally, shows how that romance will bring her towards the narrative climax of her illness. The fallen women of the early novel are sympathetic but do not encourage imitation, whereas the dying protagonists of YA fiction, though tragic, prompt imitation. This glamorized romance is significant because it glamorizes premature or adolescent death.

Indeed, cancer appeals to the reader because its diagnosis specifically seems to enhance the sexual appeal of women. Brenda Daly, professor of English at Iowa State University with a focus in American women's narrative, looked at romance in YA fiction and identified an important difference between female and male eroticism. Daly argues that the masculine erotic "takes the form of conquest," and the feminine erotic is "orphaned, injured, or suffering from a serious illness—so that she can be rescued" (53). The difference between the male and female erotic means that within YA fiction women still assume the traditional role of damsel in distress. A tension exists in the novel as a result of this damsel role the young women assumes in the novels, because, although cancer frees the young, dying women from certain taboos about sexuality, the role of damsels in distress is very traditional. And thus as Daly points out, "suffering from a serious illness" perfectly positions a young woman with cancer in a YA novel to be saved by a young man. When Oliver learns of Jenny's diagnosis in *Love Story*, his first thought "was how obscene the whole fucking thing was," but then he asks the doctor "what *I* should do" (Segal 156). This reaction shows that Oliver sees Jenny's cancer, rather than a personal experience for Jenny, as moment for him to step in as savior, as if he can fix the cancer. Whereas, in *A Walk to Remember*, Landon acknowledges, "that it was not within my power to cure her," he still wanted to save Jamie in a way; Landon still "wanted to give her something that she'd always wanted"

(Sparks 175). Landon actively takes this task upon himself as rescuer and Jamie as someone who needs rescuing. In *My Sister's Keeper*, Sarah also explicitly positions Taylor as Kate's savior: "Taylor puts his hand on her shoulder. She leans into the contact. The first time Brian [her husband] touched me, he saved my life" (Picoult 313). Although Sarah's story with Brian is different, she insinuates that in much the same way Taylor saves Kate, while she dies from cancer. Towards the beginning of *Probability of Miracles*, Cam also touches on the savior trope when she tells Asher, "See what I mean about the damsel-in-distress thing? ... I think it's a problem for you" (Wunder 130). However, the author makes it very clear to the reader that Cam loved how Asher took care of her, Cam just "didn't want to seem overly excited" (Wunder 130). Greg, in *Me, Earl, and the Dying Girl*, articulates this male impulse to rescue when he says, "cheering Rachel up was one of the things I had gotten really good at, and when you're good at something, you want to do it all the time, because it makes you feel good" (Andrews 180). Although Greg believes that this is a "selfish" impulse, it seems reasonable to assume that as Greg acts out the male erotic it will feel good, since it is an instinctual desire. And finally in *The Fault in Our Stars*, Augustus explains to Hazel Grace that she cannot stop him from acting out the male erotic, from trying to save her:

"You realize that trying to keep your distance from me will not lessen my affection for you," he said.

"I guess?" I said.

"All efforts to save me from you will fail," he said.

(Green 122)

Although Hazel Grace at the end of the novel realizes "the foolishness of trying to save others from [her] own impending fragmentation," here she initially resists Augustus' rescue (Green 214). Hazel Grace seems to say that she does not want to involve anyone in her tragedy, but it is that tragedy that invites Augustus to save her. All of these young women have cancer, which

indeed attracts the male erotic, but because they have terminal cancer any potential eros is not a long-term commitment from this suitor, simplifying the obligations and consequences of the romance.

Young men, according to Daly, naturally respond to a young woman in pain; however, I would argue that in the contemporary world a teenage boy or young man ignores this impulse as a distraction from his own cultural narrative of success.^{vi} However, a young woman with terminal cancer fits the model of the “damsel in distress,” but she only needs attention for a short time; thus, a young man can act on the masculine erotic and ‘save’ the young women, but their romance will only be a temporary distraction from his real life. All of these young men improve the lives of these dying women through their romantic relationship, ‘save’ them, even as their romance ends prematurely—as I’ve said the relationships normally last less than a year. *A Walk to Remember* addresses this potential critique about the validity of this love story:

Some of the more cynical may even wonder if I did it because she’d be gone soon anyway and I wasn’t committing much. The answer to both questions is no. I would have married Jamie Sullivan no matter what happened in the future.

(Sparks 202)

Landon suggests that people could argue that he only allowed a romance to develop between himself and Jamie, who was outside his social circle, because she was going to die; however, Landon argues that he would have married Jamie even if she survived the cancer. But Landon fails to explain if he would have married Jamie if she did not have cancer. Whether or not Landon’s sentiment is true within the novel, he only decides to marry Jamie because she is dying. Their marriage is based on her cancer. *Love Story* is the exception since the romance and marriage begin before the cancer; but as the first YA cancer novel, it does not always follow the narrative arc of the later canon. I would point out that unlike traditional romances, the YA cancer genre creates a different type of romantic fable, because the knight in shining armor cannot

actually save the damsel in distress, she will die at the end of the tale. Instead, the young man's rescue is just a momentary interruption in the death process, thus this romance characterizes the most dramatic process in the young woman's life.

Cancer facilitated a specific type of intensity in their romance generated by the time limit. Because the young women will die soon, the young couple often must fit all the milestones of a romantic relationship into a very short timeframe, which creates an enormously romantic story. But the time limit on the young woman's life may not be the only benefit to the romance. The male erotic may also have been facilitated by the physical changes wrought by cancer. The drastic weight loss associated with cancer may increase the sexual attractiveness of a young dying woman. Historically female charm closely correlates with their physical appearance, and in "contemporary society secular perfection becomes the quest for thinness" (Daly 52). This quest can be seen in this female protagonist, who either becomes more saintly or more attractive as she loses weight, as she dies. Landon, in *A Walk to Remember*, comments on how thin Jamie had become, how "the bones in her hands were starting to show through her skin;" yet he says, "Despite all this, she still looked beautiful" (Sparks 177). But even before when Jamie was less ill but still dying, Landon said, "She looked exactly like an angel" (Sparks 115). Landon never noticed Jamie sexually before she was dying, but for some reason there is a correlation between his attention and her disease. And then there is Hazel Grace, in *The Fault in Our Stars*, who was "conscious of [her] myriad insufficiencies" and that her "jeans, which had once been tight but now sagged in weird places," but when she "cut a glance at [Augustus], and his eyes were still on" her and "he was hot" (Green 9). These instances imply that although Hazel Grace and Jamie were literally wasting away, physically they still drew the gaze of attractive men. In *The Probability of Miracles*, Cam also realizes her own thinness but when she notices how thin Lily,

her best friend, had become. Cam describes Lily in distorted but angelic terms: “Her skin was silvery gray and diaphanous, her fingers spindly, and her facial features—her nose and cheekbones—sharp” (61). This description demonstrates the consumptive nature of cancer. Yet, it also “pretty[ies] it up, even presenting it, perversely, as a positive and enviable experience” (Herndl 339). The male attention that Hazel Grace and Jamie receive with their illness and the qualities that the disease confers onto the women suggests that the sexual appeal of cancer expedites the attraction of a man and thus romance.

YA cancer fiction fails to accurately portray the tragedy of cancer because this glamorization portrays cancer as desirable. Even John Green, the author of *The Fault in Our Stars*, in his *Acknowledgements* says, “disease and its treatment are treated fictitiously in the novel” (317). For the younger audience of YA fiction, cancer is not an unknown; most of the readers understand the cancer within our cultural discourse and have a basic conception of the different forms of the disease and its progression. The author of these YA cancer narratives expects this general understanding of cancer, and thus, the author fails to delve into the reality of terminal illness. Instead, the authors only offer glib or flowery descriptions of cancer as a disease. The genre takes a tragic and painful disease and falsely portrays cancer as desirable, suggesting that the length of life is less important than the amount of romance one experiences in life. It would be wrong to say that the authors of YA cancer fiction intentionally present cancer as a desirable state over good health; however, the structure of the romanticized cancer narrative allows for unintentional implications about adolescences, since its story resolves about the opposing topics of youth, love, and death. For example, Beth Younger, a professor of English at Drake University who looks at the intersection of sexuality and body image in Young Adult fiction, argues that while YA fiction is progressive and liberating in terms of sexuality, it is

regressive in terms of body image since it follows the traditional trope of the tubercular romantic. Within this trope the “wan, hollow chested,” ill young women symbolized “an appealing vulnerability” and “a superior sensitivity,” which became the ideal look for women in the late nineteenth century until today (Sontag 29). According to Younger, YA fiction is progressive because it facilitates sexual liberation for the young female protagonist; however, it is regressive because it presents only a specific body type, the tubercular romantic, for that protagonist.

Female sexuality is acceptable if the young woman has the ideal thin body type, only then is her sexual liberation socially acceptable, and only then does it appeal to the reader; thus reinforcing skewed conceptions of beauty for the reader. Of the six novels I evaluated, *The Probability of Miracles* most overtly expresses this ideal beauty standard applied to young women. The protagonist, Cam, is part Samoan and says that she was fat before she got cancer and even admits that, “Her new skinny body, wracked as it was from disease, was so accessible to her sometimes,” in ways that it never was when she was “heavy” (Wunder 120). Cancer is killing Cam but also allows her to lose weight and become more attractive. And although Cam says that Asher is “seriously out of her league,” she ends up with Asher before she dies (Wunder 119). Hopefully the author did not mean to imply that Asher’s intentions towards Cam were only physical; however, Wunder then writes that Cam still looked good in “strategic places where she actually hadn’t lost all of her body fat” (159). In part, this weight-loss from the disease makes the female protagonist more physically attractive and aligned with the American beauty ideal. Even Cam’s Nana says, “Look at you all skin and bones. You look like an Olsen twin...The one who’s dating Justin Bartha” (Wunder 82). Her statement overtly equates skin and bones with illness and death, but then associates that look with fame, celebrity attractiveness, and someone with a love interest. This statement subtly associates thinness with someone who deserves love, which

means that the female protagonists, many of whom never had a boyfriend before cancer, only deserve love now that they are thin. Statements such as these create a positive connection between control over yourself, such as sexuality, and control of your diet. The characters that lose weight become happy and sexually free, like the characters in cancer narratives that also lose weight. Younger explains that YA novels acknowledge that most of society still sees female sexuality as a threatening force that must be regulated; thus, the female characters of these YA novels actively struggle to overcome these regulations, while she deals with her new body and illness. As Cam thinks it's "too late to find true love," she also realizes that it is not "too late for sex" (Wunder 134). At one point in the novel, Cam accepts sex with a stranger, but her liberated sexuality then leads to true love before it's too late. In general, though, as the female protagonist in YA cancer fiction takes control of her own sexuality in the face of an unavoidable fatal deadline, she also throws off other inhibitions and thus societal pressures.

Such an uninhibited representation speaks to the trope of the romantic tubercular mentioned earlier. As I said, romanticized cancer in literature replaced romanticized tuberculosis, as tuberculosis as a disease is essentially eradicated. But many of the tropes that characterized the romantic tubercular were passed on to the romantic cancer patient, such as a diminished appetite. This characteristic seems to stem from the nineteenth century concept of the "angel of the house," which is the idea that as a woman grows more saintly, she diminishes (Daly 52). Essentially, as someone with consumption wastes away from tuberculosis, she becomes an angel; thus, as a contemporary, young woman is consumed by her cancer, she becomes more spiritual, more moral. The illness makes her a better person, in the eyes of the reader. Furthermore, Henderson says that "funerary discourse tends to assume one thing: the perfection of the dead," by which she means that any fault in the living person washes away at death (487). This

perfection is premised on the idea of salvation; wherein, “upon death, a believer’s sins are immediate washed away,” especially if she is already the “angel of the house” (Henderson 489). Since YA cancer does not address the patient or protagonist after death, this process of idealizing (romanticizing) occurs throughout the novel preceding death.

In *A Walk to Remember*, before Landon fell in love with Jamie, he had already commented that everyone knew “she was a nice girl. She really was” (Sparks 17). Yet, when the town knew Jamie was dying of cancer, teenagers who previously thought she was “strange” but “nice,” now come to tell Jamie that she is essentially perfect (Sparks 16). One particularly callous teenage boy, Eric, tells her, “You’ve got the biggest heart of anyone I’ve ever met” and “You’re the best person I’ll probably ever know” (Sparks 183). Eric and other’s perceptions of Jamie improved based on her cancer, although while dying Jamie herself did not change. Kate, in *My Sister’s Keeper*, is a much more normal teenager than Jamie; Kate is nice but also a moody adolescent teenage girl that yells at her family, “stops speaking” to her mother, and complains about not looking “really good” for prom (Picoult 320, 317). However, the novel implies that none of Kate’s outbursts and conflicts are her fault. For example, after giving Kate bad news about Taylor, the boyfriend, her mother believes that when Kate stops talking to her, it is her fault as the mother, not the effect of adolescence. Even Anna, Kate’s little sister conceived to act as a medical donor for Kate, thinks about how if she died as a healthy girl she would have a small funeral. Anna then admits that if her sister dies of cancer,

At Kate’s funeral, everyone will come...They will have to turn mourners away at the cemetery gates. There will be so many funeral baskets that some will be donated to charity. The newspaper will run a story of her short and tragic life.

(Picoult 86)

Kate will be idealized after death the same way anything she did in life was perfect and any conflict was the other person's fault. Kate's needs are placed above everyone's because she is dying, and everything is measured against Kate's survival.

In *The Probability of Miracles*, all of Cam's actions are also forgiven no matter how cruel or selfish. Immediately after she attempts suicide, her mother and her reconcile, and Cam's mother notes that this breakthrough comes "pretty quickly because we have no time for years of therapy" (Wunder 219). This time limit on life again sentimentalizes the patient, because all behavior is seen and gauged based on this knowledge. And when Cam disappears to Florida with her little sister and her friends, she is forgiven, when Cam ignores other's sacrifices, she is forgiven, and when Cam cruelly pushes people away to ease her passing, she is forgiven.

Augustus, in *The Fault in Our Stars*, more directly speaks to Henderson's argument about how people assume the perfection of the dead, which in these novels:

The thing about dead people...The thing is you sound like a bastard if you don't romanticize them...but really, I mean aside from us obviously, cancer kids are not statistically more likely to be awesome or compassionate or perseverant or whatever.
(Green 173)

Yet as Augustus argues against this notion that a dying person can do no wrong, he says that Hazel Grace and himself are indeed better than other people. He may say that this idealization is malarkey, but on the last page of the novel, speaking through death in a letter, Augustus says,

[Hazel Grace] is so beautiful. You don't get tired of looking at her. You never worry if she is smarter than you: You know she is. She is funny without ever being mean.
(Green 313)

There has been no evidence presented throughout the novel to attest to Hazel's great beauty, genius, or unusual kindness, and she mopes as much or more than a normal teenager. But Augustus, whether because of Hazel Grace has cancer or because he has fallen in love with Hazel Grace as a result of her cancer, perfects Hazel Grace in his mind. In *Me, Earl, and the*

Dying Girl, Greg does not romantically idealize Rachel. But even when he admits that “she had nothing meaningful to say” and “she basically just went from irritable to quiet,” he says that her death was “just a motherfucking loss” (Andrews 196, 278). Greg makes this second statement after he realized that Rachel was actually dying, and he was now “literally watching her die, and it was different somehow” (Andrews 276). Greg’s opinion of Rachel’s worth changed only when it sunk in that her time alive was coming to an end. Despite the fact that Rachel becomes cranky and begins to yell at Greg, he continues to visit her and ignores her instances of meanness because she is dying. Even when Greg complains that she’s not fighting—“If I mm, made her h happy, then why is sn’ sn’t she trying to f fight. Harder”—he forgives Rachel and concedes that, “It [her cancer] *sucks*” (Andrews 279). Rachel gives up and as a result dies, which is morally unacceptable in this story arc; nonetheless, Greg and Rachel’s family still forgive her because she was idealized through her cancer. It becomes clear that one cannot question or admonish a teenager when that teenager is also dying. When no time exists after a punishment or period of anger, in general all of those feelings and consequences become petty for those who surround the young, terminal woman.

The patient, like those who surround her, also ignores social pressures since imminent death alleviates many of the potential consequences of indiscretions, which their liberated sexuality demonstrates. In her 2010 *New York Times* article, “It’s Hello Cancer, Goodbye Inhibitions,” Alessandra Stanley recognized this same trend of cancer generated social liberation in the HBO show, *The Big C*. In this show, Cathy, an unobtrusive high school teacher and mom, has incurable cancer and only one year to live. But *The Big C* does not explain how to face death; instead it shows how to take hold of life (Stanley). Cathy throws off her formerly quite ways and lives each day however she would like, sass and all; She flirts with her doctor, smokes cigarettes,

digs a swimming pool, and has an affair. Because cancer removes all inhibitions present in a normal life, Stanley argues that cancer allows Cathy to get “her weird back,” as Cathy’s brother puts it throughout the show. Of the novels I evaluated, Cam in *The Probability of Miracles* is the most explicit about getting “her weird back.” The Flamingo List (a list what she needs to do before dying) guides Cam through this process as almost everything on the list is considered socially unacceptable behavior. When Cam first completes an item on the list (she steals a tube of Burt’s Bees lip balm from Wholefoods), she calls Lily, who congratulates Cam’s theft. Lily then says, “Good job, Cueball, I didn’t think you had it in you” (Wunder 13). Lily’s response demonstrates how social expectations seem to have flipped since Cam has cancer. The other novels are a bit subtler in their evaluation of this behavior; nonetheless, all the main characters begin to do things that they would have eschewed before their diagnosis. Jamie, in *A Walk to Remember*, is a very religious, conservative preacher’s daughter and remains so throughout the novel, but she also begins to act like a teenager. For example, Jamie goes to a school dance with Landon and dances at this dance, even though as a rule “Southern Baptists don’t dance;” and while at this dance Jamie helps a drunken girl avoid trouble and get home (Sparks 39). At this point, Landon comments on her different attitude towards misconduct, “Here she was covered in puke, actually thanking me for the evening” (Sparks 53). This is not a situation that Jamie would have been in before cancer, though she is obviously happy about this change and actively pursues her friendship and love with Landon. In *Me, Earl, and the Dying Girl*, Rachel takes less illegal actions than Cam and has a less dramatic shift than Jamie, but in the social world of American high school Rachel makes a big change. In her last few months, Rachel hangs out with Greg, the weird boy who made her laugh, and Earl, his poor, rude but loveable friend, over her normal friends, “the Upper-Middle-Class-Senior Jewish Girl Sub-Clique” (Andrews 174). Greg

is very clear that “By October things were weird,” because this is not how Rachel or Greg lived their lives before her cancer (Andrews 173). In a sense, Rachel breaks away from the unsaid rules of high school social comportment so she can laugh more in her last days. What once would have been a legally punishable offense, in the case of Cam, or a socially punishable offense, in the cases of Jamie and Rachel, the reader now sees as a form of therapeutic revolution.

This revolution, as I’ve said earlier, extends into the sexuality of the young women. Jamie, who had never romantically held hands with a boy before Landon, ends up marrying him before she dies. Their relationship may have developed innocently, but Jaime was not naïve; as Landon points out, “Jamie may not have been all that experienced with boys, but to tell you the truth, she was playing me like a harp” (Sparks 149). Before cancer, Jamie could wait for romance until she was older or even until after marriage, but with cancer her romantic urge opened itself up to opportunities before it was too late. In *The Fault in Our Stars*, Hazel Grace, who avoided romance since she was diagnosed with cancer years ago because she felt unworthy, as she comes closer to her death and throws off her inhibitions gets over her insecurities and the social expectations of the cancer patient. Hazel Grace takes hold of her sexuality, even if it is “weird” for a cancer patient, and she explains that in the first romantic moment between herself and Augustus, “I took the two steps needed to get to him. I kissed him, hard, pressing him against the wall” (Green 206). Before Hazel Grace had been insecure about boys and rejection, like most teenage girls, but those anxieties and fears mean very little in the face of death. In *The Probability of Miracles*, the reader also sees that Cam now allows her true desires to come forward in her mind. When she saw Asher without his shirt for the first time, “Cam found herself wanting to slide her finger across the [the waistband of Asher’s underwear], which was not like

her at all” (Wunder 118). What might come across as rather “weird,” within the context of the novel now only expresses Cam’s sexual liberation; and the reader is suppose to support her blossoming sexuality since it leads to the romantic climax of the novel. Moreover, amidst these young women’s losing war with cancer, the romance is a win for them and a kind of emotional alleviation for the reader, indicating that not all is lost for the protagonist. Yet, this narrative alleviation, glamorizes cancer. YA fiction, as a form of popular literature, offers the cancer narrative as a kind of unsophisticated escape from reality (Cole 168; Cadden 311). But this pandering for the reader’s benefit debases a serious issue and ignores the reality of illness in favor of symbolism. As symbol rather than just a disease, romanticized cancer provides the female protagonist with certain privileges.

Indeed, the situation cancer creates for these young women permits them to do certain things, such as fall in love, that were previously unreasonable; moreover, cancer also reframes how they think. In “Un-Forgetting Asclepius: An Erotics of Illness,” Morris argues that cancer intensifies concentration and allows the patient to recognize how she feels without the social pressures that cloud true desires (429). We all have underlying sexual desires, sometimes sexually violent desires, which are taboo; however, taboos do not apply to someone who will never deal with the consequences of transgression, someone society sees as a hero. This situation lets the patient fully explore her innermost desires and more clearly understand who she is. For example, Anatole Broyard, a man with prostate cancer, explains in an illness autobiography that he feels “intoxicated as well as ill” and “sees erotic experience demystified and transformed” (Morris 429). Anatole’s libido resides in his imagination, and when cultural dogmas do not intrude on the imagination he can truly “get weird.” But his weird is not negative; it is an expansion of understanding. As Cam says in *The Probability of Miracles*, “she was starting to

pay attention,” a sentiment Hazel Grace echoes in *The Fault in Our Stars*, when she says, “I was just trying to notice everything” (Green 307) (Wunder 242). Cam, Hazel Grace, and the other protagonists have not lost any of their knowledge from before cancer, but cancer makes them pay attention to life as it quickly comes to an end, which as a result provides another exclusive perspective on life.

They each gain a kind of new truth, or as Morris says, illness “makes the former reality seem like a half-truth” (Morris 427). In *Love Story*, Jenny, who had always wanted to visit Paris but gave it up for Oliver, on her deathbed says, “Screw Paris and music and all the crap you think you stole from me. I don’t care you, sonovabitch. Can’t you believe that?” (Segal 183). What Jenny thought she cared about and wanted no longer matters to her once the reality of death has opened her eyes. At only sixteen, Rachel, who is perpetually cheerful and known for her sense of humor, finally says to Greg also on her deathbed, “Greg, I’m sick...I’m just not very cheerful right now” (Andrews 194). Rachel says this with the implication although others want her to be cheerful she realizes that she is allowed to not be in a good mood. Rachel, as she dies, realizes that she is allowed to act however she likes and not conform to the perpetually cheerful mood everyone wants for her. This realization about life may seem obvious, but to have absorbed such a lesson at such a young age demonstrates the enlightening powers of cancer in this genre. Kate, in *My Sister’s Keeper*, is the same age as Rachel and comes to another conclusion about life as a result of cancer. Kate learned that life is “not fair,” and as her brother says, “It doesn’t take [Kate] a whole long life to realize that what we deserve to have, we rarely get” (Picoult 326). In *The Fault in Our Stars*, Hazel Grace grasps another quality about life and humanity that like Kate’s understanding most people only gain after a very long life or not at all. After Augustus’ death Kate says:

I would imagine [the ocean]. I could remember it. But I couldn't see it again, and it occurred to me that the voracious ambition of humans is never sated by dreams coming true, because there is always the thought that everything might be done better. That is probably true even if you live to be ninety.

(Green 305)

As she prepares for her own death in the wake of Augustus', Hazel Grace discovers a truth about human ambition. She very adeptly notes that the continuous desire for more, for a do-over, lasts for most people's entire lives, but she and others who die prematurely must accept that they do not get a do-over; the potency of death forces Hazel Grace and the others to open their consciousness and accept reality. In *The Probability of Miracles*, Wunder lets Cam articulate this new type of consciousness:

Cam felt a cleanness inside her—a pureness of purpose. Something she hadn't felt since before the cancer attacked and the doctors counterattacked with their battery of chemicals. For so long she had been afraid to let anything matter. It was too dangerous. But this could matter. I would matter if Perry was happy.

(Wunder 197)

Cam is about to dress a donkey up as a unicorn and parade it in front of their house at night to validate her little sister's belief in unicorns. This decision is not revolutionary or even necessarily important, but it is significant to Cam. She realizes that this donkey dress-up definitely breaks some rules, but she feels the obligation to act how she needs regardless of rules. Once Cam realizes that cancer does not control her actions, she also no longer adheres to any other expectations. Illness pushes away the curtain of power and responsibility and allows the patient to gain truth about life and about herself.

This new wisdom, however, does not mean that a young woman dying from cancer can completely control her life. Cancer means that she must come to terms with reality as a result of her expanded consciousness, even if death is part of it. At some point in her story, each dying protagonist comments on her current reality. When Oliver tries to avoid talking about his life

after Jenny dies in *Love Story*, Jenny asks him, “Would you prefer talking funerals?” (Segal 181). She does not want to pretend that cancer is not shaping her life and his. In *A Walk to Remember*, Landon thinks that Jamie’s good mood means she is pretending she is fine, to which Jamie retorts, “I’m not pretending that nothing’s wrong, Landon...I’m frightened all the time” (Sparks 171-172). Jamie, like Jenny, is highly aware of her circumstances. Kate, in *My Sister’s Keeper*, also speaks to this awareness, when she says to Anna, her “keeper,” “I’m just sick of waiting for something that’s going to happen anyway. I think I’ve fucked up everyone’s life long enough” (Picoult 388). Not only does Kate know she will die, she also knows how her cancer deeply and often negatively affected her family. Hazel Grace, in *The Fault in Our Stars*, also recognizes that she is “the alpha and the omega of [her] parent’s suffering” (Green 116). Hazel Grace and Kate cannot pretend that their cancer is situated only within their bodies; they know their cancer affects many people around them. Rachel, in *Me, Earl, and the Dying Girl*, only has cancer for a few months compared to Kate’s and Hazel Grace’s decade long struggle, but even at the beginning of her treatment she says, “I’m not applying to college this year” (Andrews 190). Rachel does not pretend that her life with cancer is the same as her life before. Cam also realizes, in *The Probability of Miracles*, that she is not going to “not going to any of those schools” in the fall even though she has been accepted. But Cam ensures that her mother marries Izanagi, her mother’s boyfriend from Florida, and Cam is happy to think that she “made a little family” (Wunder 22, 283). However, as she realizes this, Cam is “overcome at once by sadness, because she felt so left out, and joy, because she knew they would thrive together, with or without her” (Wunder 283). Cam cannot prevent her own death, but is happy to set the stage before she leaves. The protagonist of YA cancer fiction forms a sort teenage paradox, because she often

rejects cultural norms but has a very firm grasp on reality, which calls into question her sense of freedom or identity compared to the average teenager.

*

The Freedom of Illness

“And it is solely by risking life that freedom is obtained.”

— Hegel, “Self-Consciousness,” *The Phenomenology of Spirit*

Each person’s social context provides an individual with a specific kind of freedom, and the young cancer patient with societal liberation has a very unique type of freedom. And a person must “recognizes the causal importance of culture,” as it affects their morality, yet she must also recognize “individual choice and change” (Baumeister 405). As society or a person’s particular cultural context changes, her sense of choice or freedom gradually adapts to these new circumstances. Thus each type of freedom means reinterpreting “what we have assumed to be foundational” and determine what we are “free to do and be” (Bean and Harper 96). In YA fiction, the patient must live within the very specific temporal and physical confines of cancer but without the normal social pressures that determine every other aspect of that context.

In *A Walk to Remember*, an exchange between Landon and Jamie at the climax of the book demonstrates the odd type of freedom a woman has as a cancer patient:

“Will you do something for me then? [Landon asks.]

She looked away, sadness crossing her features. “I don’t know if I can anymore,” she said

“But if you could, would you?”

“Yes,” she finally said, her voice weak yet somehow still full of promise. “I would”

...“Will you marry me?”

(Sparks 199-200)

Jamie of course says yes, and the novel ends with their wedding immediately followed by

Jamie’s death. But Jamie marries a young man she just started dating and her father does not

like, but the novel shows that now that death is imminent Jamie does not need permission to

make this decision. Her response contrasts her need for permission to simply go to dinner with Landon earlier in the novel. This exchange shows how as a cancer patient there are many things that Jamie physically cannot do; however, also how her impending death allows Jamie greater freedom in regards to every other choice in her life. In *The Fault in Our Stars*, when Hazel Grace is in Amsterdam with her boyfriend and her mother, even she realizes how strange her freedom is compared to other teenagers:

One might marvel at the insanity of the situation: A mother sends her sixteen-year-old daughter along with a seventeen-year-old boy out into a foreign city famous for its permissiveness. But this, too, was a side effect of dying: I could not run or dance or eat foods rich in nitrogen, but in the city of freedom, I was among the most liberated of its members.

(Green 159)

Hazel Grace unambiguously notes the difference in freedom she enjoys because she is dying; she may not be able to run, but she now can have a romantic and sexual relationship that many would call inappropriate if she was normal. The freedom these young women in YA cancer fiction acquire separates them from normal girls. In *The Probability of Miracles*, when Cam's oncologist tells her, "you need is a miracle," he unmistakably sets boundaries on Cam's life, in terms of time and ability; however, later in the novel Cam realizes that this diagnosis also removes many boundaries, and she declares, "I'm free. I have free will. I can control the universe" (Wunder 25, 178). Cam's universe is limited, as she knows, but within this universe, she makes all decisions about her life, especially when she throws off inhibitions. When the YA protagonist recognizes the confines of her universe but takes control of everything she can, she develops a new freedom.

This new freedom creates a life path, but to receive this new life path the protagonist must also accept that this path ends in death. The reader recognizes Jenny's acceptance of death, in

Love Story, when she tells Oliver, “[dying] doesn’t hurt. It’s like falling off a cliff in slow motion” (Segal 180). Then in *A Walk to Remember*, Jamie tells Landon “yes...I’m frightened all the time” about the prospect of dying but that says she also believes in God’s plan and has accepted this path (Sparks 172). In *My Sister’s Keeper*, Kate simply says, “It’s not suicide...if you’re already dying” (Picoult 377). Rachel, in *Me, Earl, and the Dying Girl*, tells Greg “you were right when you said I was dying” (Andrews 198). Hazel Grace, in *The Fault in Our Stars*, corrects her mother’s “Even if you die” to “When” (Green 296-298). And Cam, in *The Probability of Miracles*, says she needs to “be prepared for the inevitable,” by which she means her death (Wunder 126). To fully take control of their freedom, all of these dying women must recognize that their lives are coming to an end and are, thus, irreparably changed.

Cancer alters the dying protagonist’s reality and generates a new type of freedom, but acceptance of this new freedom means that she must also accept the disintegration of her former identity. This identity derives from an expectation of narrative continuity in life. While continuity, which is a consistent pattern of living with reliable goals, does not completely disintegrate in the face of illness, cancer severely alters continuity. Before a patient can move forward in life with her disease, she must acknowledge, as I have shown, that her life before cancer is gone forever and that her expectations and aspirations from that life are also gone. However, it is through these expectations about life and aspirations for life that one develops their personal narrative, which constitutes their identity. Shlomith Rimmon-Kenan, Emeritus Professor of English and Comparative Literature at the Hebrew University of Jerusalem with a research focus in illness narrative, believes that the “constitutive role of cultural narratives” expects continuity of the normal (14). By this understanding, although one does not expect the worst, and our sense of freedom and the life path we create based on that freedom develops with

the notion that we will remain healthy, especially at a young age. At the very least, one expects that she will recover from an illness, even cancer. When that expectation breaks down in the YA cancer novel, often the female protagonist recognizes this temporal break with their past normalcy. In *Love Story*, although Jenny only has cancer for about ten pages hence does not have the time to really lament her break with continuity, she says, “I want time...which you can’t give me” (Segal 163). Her statement shows how Jenny realizes that much of her experience depends on time, which cancer takes away. In *A Walk to Remember*, along with all the late novels, the female protagonist has a longer amount of time within the novel to really feel this shift in continuity. Jamie was told “to lead as normal a life as possible for as long as” possible, but she agrees with Landon when he says, “There’s nothing normal about this” (Sparks 172). Jamie knows that her life with cancer is her new normal, which really shifts her temporal understanding of her life and who she is. In *My Sisters Keeper*, Kate clings to a moment when her brother “forgot” her cancer and tackled her in flag football, and she just “lay on her back, beaming up at the cold hawkeye sun” (Picoult 138). Kate appreciates that she never had a normal childhood and seems to reminisce about that fictitious other life. Cam, in *The Probability of Miracles*, also confesses that what she “really missed since becoming sick was normalcy” (Wunder 6). Cam has accepted her death but misses continuity, because but like the other female protagonists Cam notes how different her life and thus her sense of self is from a normal teenager. Most teenagers expect the same basic life trajectory—especially the expectation of growing up—but cancer redirects the lives of these dying YA protagonists. Rimmon-Kenan explains that when illness creates this “chasm between present and past...exacerbated by a blocking of the future,” it creates a hole in our identity (13). Many defining features of a personality cannot survive when one battles cancer, their body often fails to support so many facets of identity and keep that

person alive. While cancer removes social pressure, if allowed, cancer will dominate one's entire life. Yet within the YA cancer novel, the protagonists do not allow cancer to become their everything, even while the illness separates them from the normal.

Because the normal no longer exists, in illness narratives like YA cancer fiction, within the structure of the story stability narratives replace progress narratives. In a progress narrative the protagonist moves towards certain goals; whereas, in a stability narrative, the protagonist only tries to maintain a relative level of stability, both in terms of health and expectations. In other YA novels without a cancer narrative, whether it is an adventure novel or a coming of age story, the healthy protagonist moves towards the accomplishment of some task or development; however, in a cancer narrative, the protagonist only tries to stay alive long enough to experience some semblance of fulfillment. When cancer disrupts continuity, the protagonist can no longer adhere to growth but rather must focus on maintaining the status quo (Rimmon-Kenan 16). In *Love Story*, Oliver at first tries to take Jenny to Paris and act as if their lives were still moving along the same path, but Jenny makes Oliver face reality. Eventually Oliver acknowledges that he isn't "afraid about acting normal" because they had accepted her illness and now only could continue everyday with "the awful knowledge that our days together were every one of them numbered" (Segal 165). Jenny and Oliver merely continue on with this knowledge rather than with a plan for the future; and Jamie, in *A Walk to Remember*, offers a similar response when faced with the disappearance of her future. Jamie merely says, "I'm doing okay...The doctors gave me some medicine for the pain" while "smiling valiantly" (Sparks 177). When asked how she is doing, Landon means how is her mental, emotional, and physical self; however, Jamie answers only in reference to her physical self since the progress of the disease now determines her status quo. Rachel, in *Me, Earl, and the Dying Girl*, also predicates her life on the

maintenance of health. As an apology to Greg, Rachel says, “Maybe I’ll feel better next time” (Andrews 194). This statement equates how she physically feels to how she is as a person; if she maintains her health, she maintains her narrative. In *My Sister’s Keeper*, when Kate loses Taylor, her boyfriend, she questions the point of living without love once that narrative is over. But Anna, Kate’s little sister, chastises her, saying “Everyone has worked so hard *just* to keep you alive” (Picoult 388). Anna implies that in their family, in Kate’s world, the objective was to keep Kate stable and halt the growth of cancer, and Kate must consider that other are part of that narrative. And then there is *The Fault in Our Stars*, which spends the most time explicitly discussing the ins and outs of cancer as a disease; after Hazel Grace leaves the hospital, she explains how her illness allows her to live with a world of maintenance without real progress:

Mom told, me that I was going to go home, that I really was, that I would just have to get this drained [from my lungs] every now and again and get back on the BiPAP, this nighttime machine that forces air in and out of my crap lungs. But I’d had a total PET scan on the first night in the hospital, they told me, and the news was good: no tumor growth. No new tumors.

(Green 107)

The good news for Hazel Grace means that her cancer has not progressed; yet, in the same vain Hazel Grace also cannot progress as long as she has her illness. The YA cancer novel sharply contrasts a traditional romantic coming of age story with natural progress and maturation, because cancer unnaturally forces a stability narrative onto this adolescent life.

Yet, the stability narrative does not assume that chaos and narrative are discontinuous but often occur in concurrence within illness narratives. Illness is intrinsically disruptive, thus living with terminal illness means one essentially lives in a constant state of uncertainty. However, this state of disruption becomes the new normal. For example, in *My Sister’s Keeper*, Sarah admits, “I never really let myself believe that I would see [Kate] all grown up” (Picoult 310). Through this confession, Sarah also admits that Kate with cancer and medical emergencies is the norm for

their family, there is no normal life where Kate does not have cancer. And then, in *Me, Earl, and the Dying Girl*, Greg explains that he gave his college guidebook to Rachel in the hospital because “maybe it was gonna make Rachel feel less like she was dying” (Andrews 192). Again Greg’s comment points out that the norm is that Rachel feels like she is dying, which she is. But in *The Fault in Our Stars*, Hazel Grace’s mom argues, “This [cancer emergency] is just a thing, Hazel...It’s a thing we can live with” (Green 107). The chaos of living in the medical emergency of cancer lessens as this sense of emergency becomes everyday life. In *The Probability of Miracles*, Cam says, going to “Crazy-Town in Maine” is normal (Wunder 69). While to a normal teenager leaving one’s entire life behind in Florida seems insane, in the word of cancer insanity often makes sense because everything about cancer is abnormal. As Cam says, going to Promise, Maine for a miracle “made just as much sense” as using chemo to “demolish someone’s immune system to make her healthy” (Wunder 70). A teenager’s normal rationality and normal freedom has little place in a life without continuity and without a future.

This life alteration from a terminal diagnosis in turn disrupts the patient’s identity, which is the types of choices she can make. Young adults today form their identity differently from the previous generation; identity is fluid and changes to fit the specific cultural landscape of a time or place. Foucault presented the first modern interpretation of identity, which says that power is the driving force of identity, and argued that the power dynamics of relationship, both interpersonal and with institutions, shape our understanding of our self (Bean and Moni 640). However, Thomas Bean and Karen Moni, who both focus on adolescent literacy and education, argue that Foucault’s conception no longer explains contemporary identity formation. Bean and Moni rationalize that in our “world dominated by consumer, multinational, or global capitalism” adolescents live in “fluid spaces,” such as malls, train stations, airports, freeways, and most

importantly the Internet (640). They call this a “mall culture,” where action and experience shape identities in a “shifting, unstable landscape” (Bean and Moni 640-641). Within this new type of culture, adolescents construct identity through consumption rather than through the institutions of family, community, or school. Adolescents form their identity through personal choices rather than basing their identity on relationships as Foucault argued. Gilles Lipovetsky, a French sociological philosopher and professor at the University of Grenoble, believes that that consumption is “about the construction of individual identity” and “consumer society is best understood in terms of mode of personal experience” (McDonald 117). Lipovetsky suggests that our personal choices, or our consumerism, shape our identity, not the other way around wherein identity shapes our choices. When Cam, for example, consciously decides to act on her sexual desires or steal a pink plastic lawn flamingo to fulfill her Flamingo List, she is shaping her identity. Furthermore, a search for freedom, which manifests as transgression, this romance and taboo, sits at the center of this new identity model (McDonald 118). Modern identity is about making yourself into the other, into someone who throws off social pressure and revels in taboo. The romanticized YA cancer protagonist is indeed the embodiment of the taboos of sexuality and death, and as Sontag says, “Cancer is the disease of the Other” (66). The “Other,” in terms of cancer, symbolizes both the alien cells that invade the body and the unfamiliar autonomy that cancer affords the patient. This otherness shapes the cancer patient’s new identity, because her current ill-self has a different basis of freedom than her previous healthy-self^{vii}.

Moreover, because the postmodern individual “has no deep attachments” with “a fluctuating personality and tastes,” the adolescent now must try to establish her identity quickly (McDonald 118). However, an adolescent with cancer experiences unique and severe fluctuations in health and choice that shape this ephemeral identity of the modern teenager. This definition seems to

suggest that these slipstitch identities change based “subjective positioning,” such that identity forms in relation to a product, appearance, or fashion (McDonald 119). Although YA cancer fiction does not look at consumerism in the traditional sense, cancer is a very unique and aggressive change in appearance and thus identity. Additionally, Judith Kegan Gardiner, a professor of English and women's studies at the University of Illinois, argues that adolescent identity relies on a crisis. Based on Erik Erikson’s theory of “identity crisis,” Gardiner says that a youth who moves through this crisis develops a unique, whole, and coherent sense of individual identity (349). The crisis happens when an adolescent must face who she is as her continuity shifts and she questions her role in society. A cancer diagnosis would facilitate such a crisis; therefore, an adolescent cancer patient who loses all previous continuity must develop her identity in contrast to her expected life path. In *Love Story*, while there is not enough time within the novel for Jenny to fully develop an identity in contrast to her former self,^{viii} she still touches on the fact that cancer changes what she knows about herself. Jenny declares, “I used to know...I did I used to know” (Segal 181). Jamie, in *A Walk to Remember*, also realizes that her life and thus her identity is different with cancer. When she first really meets Landon, she tells him, “You have to promise you won’t fall in love with me;” such a comment seems random and uncharacteristic to Landon and the reader, considering she and Landon have lived in the same town all their lives but in entirely different social circles (Sparks 38). However, Jamie knows she is dying, and her unusual comment suggest that she knows herself cancer is not who she was before. Kate, in *My Sister’s Keeper*, actively separates her healthy self from who she is with cancer, when she looks at an olde picture of herself before the diagnosis and says, “She was beautiful” (Picoult). Sarah agrees with Kate’s assessment of these two separate selves and adds that this picture shows “the glossy vivid cheeks of the girl none of us ever got to know” (Picoult

322). In *The Probability of Miracles*, Cam sets up this contrast of identity not against her former self but against other teenagers who do not have cancer. Whereas, most of Cam's classmates have "plans for the future, most of which involved working at Disney, at least for the summer," Cam "was a little jealous that people had futures at all" (Wunder 29). Instead of using college as the setting of the identity crisis, cancer acts as Cam's identity crisis:

Western medicine was her life. Her whole identity had become wrapped up in leukocytes and lymphocytes, neuroblasts and metastasis, chemo, radiation, surgery, procedures, and none of it mattered...Cam had become collateral damage in the war on cancer. And she was done with all of it. She was throwing in *la toalla*.

(Wunder 69)

Cancer reshaped her life, it broke it up into a time before and after diagnosis, and it told her what she could and could not do. According to Rimmon Kenan, subjective construction of identity is also based on the stories we tell ourselves and others about ourselves. And those stories rely on our conception of reality and the freedom we allow ourselves within that experience. Cancer also gives Cam and the other young dying women privileges denied a normal teenager, such as even looking for true love. And according to Gardiner, in a normal identity crisis a woman will spend her time "looking for the man through whom she will fulfill herself" (Gardiner 350). Cancer created the crisis when it disrupted continuity, but cancer also reoriented their lives towards true love, which is the goal of other normal female identity crisis. Based on Gardiner's explanation, true love, which normal teenagers rarely achieve, leads to a full and coherent identity formation in young women.

Although cancer facilitates the identity crisis, the protagonist in YA cancer fiction still must establish self, which is both "an act of memory and an act of construction" (Herndl 228). The self includes parallels to her past self, how she is now different, and how she will actively represent herself with these differences. Within this identity reconstruction the "body," in

comparison to the healthy body, is now a “significant component of identity” (Gardiner 225). And the young women in these novels are actively aware of the differences in their bodies, even if they have become more attractive due to the cancer. Although Kate has a boyfriend, who “thinks she is beautiful,” when she goes to get dress for the hospital prom she notices that “Dresses that normal girls wear to proms...they cling in all the wrong places. They are cut to showcase a healthy, hale body, not to hide the lack of it” (316). Kate’s body, which is where identity development must happen, is markedly different from the norm. Rachel, in *Me, Earl, and the Dying Girl*, also knows that she does not look like a normal teenage girl, that doesn’t necessarily mean worse; thus, Rachel objects when Greg tells her she looks good. But when Greg corrects himself and says, “You definitely look really good for someone who just had chemo,” Rachel “seemed to accept this” (Andrews 179). Rachel had a firm grasp of reality and how she looked, so her rejection of the first false compliment shows how Rachel knows that she is no longer like other girls or who she was before cancer. Her physical self is shaped by her cancer, as cancer shapes everything else about her. Augustus, Hazel Grace’s boyfriend, speaks to the is equivocation between body, self, and cancer in *The Fault in Our Stars*, when he explain how he cannot fight against the cancer forever. He says, “My cancer is me. The tumors are made of me. They’re made of me as surely as my brain and my heart are made of me” (Green 216). Augusts explains that in this war on cancer is he is at war against himself, since there is no longer any separation between the two. An exchange between Cam and Lily also speaks to this part of identity formation that so connects the body with the self:

“Is this [massive nosebleed] happening a lot?’ Cam asked. Aside from Lily’s frail appearance, this was the first sign Cam had seen that Lilly was not totally in remission.

“Yeah it’s my new thing.”

“Nice. Well, I had a seizure in the dollar store parking lot, if that makes you feel any better.” (Wunder 73)

These two young women with cancer show how major health problems no longer disrupt their lives but are incorporated into their daily reality and how they see themselves. Verbalization about this new self often comes across as sarcastic or comedic, as it appears here, because this self with cancer opposes the identity of the majority. Within cancer autobiographies the new identity often seems to rest on the narrative of recovery, according to Herndl, where the true self is the not the self with cancer (229). However, in YA cancer fiction the patient does not recover, and thus the disrupted identity cannot resurface in remission.

These divergent identities create a complex dialogue between the different versions of identity within a woman, especially in adolescence when so many possibilities exist, even for a cancer patient. Identity reconstruction within illness narrative, as Rimmon-Kenan explains, requires that the narrator restructure past memories and future expectations (14). This restructuring ideally should create a new continuity with new freedom and a unique identity all based on the illness. But identity reconstruction requires that the ill person attempt to reclaim “independence, self-sufficiency, control, activity, and progress” (Rimmon-Kenan 14). Kathy Charmaz, professor of sociological theory at Sonoma State University, studied identity construction of the chronically ill and realized illness requires constant self-appraisal. Charmaz argues that chronic illness shifts and changes, and each event, such as a nosebleed or seizure, though not a crisis necessitates evaluation (27). When one lives in a constant state of disruption most events do not affect continuity; however, everything requires assessment to see if it again alters that new continuity. A young cancer patient’s unique social and physical situation complicates the standard of measurement on which she makes her reappraisal, because an individual’s past “reconstructed in memory or a desired or planned future endeavor may prove to be a tough standard” to uphold (Charmaz 28). For example, in *The Probability of Miracles*, Cam

admits that there was a time she “would have believed in miracles” but “that was before divorces and before cancer and before her father died right smack-dab in the middle of his life” (Wunder 84). Most importantly Cam explains that this metamorphosis occurred after “Cam knew she’d never see her eighteenth birthday” (Wunder 84). This quantifiable standard exists in her life, and through this benchmark Cam can measure the possibility, consequences, and importance of everything. The young dying protagonist’s self before cancer no longer exists, and she will never recover; her identity exists based on this tragic knowledge. But these young women in these six novels gain knowledge many people, who live decades longer, often overlook or discount. These young dying women realize that, “*You can choose your identity,*” which is another way of saying you can choose your destiny—but only if you’re dying (Wunder 297).

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Cancer as Representational of Generational Anxiety

“There is no fire without some smoke.”

— John Heywood, *Proverbs*, Part ii, Chap. v.

These young women are also well situated to choose a *good* identity, because today’s identity is about making yourself into the other through personal choices (McDonald). And these YA cancer narratives present the cancer identity as a better alternative to the anxiety-ridden identity that most young millennials experience. The young women in these novels, as cancer patients, can make choices that can define their personalities, but these freedoms, these opportunities to choose, are often not even available to normal teenagers. While modern teenagers arguably have greater freedoms over themselves than most generations before them, the way in which adolescent identity forms causes problems for normal teenagers. McDonald explains that because we must constitute of selves through our actions, not institutions or

traditions, we have “new possibilities of freedom, but also a new experience of ontological insecurity” (120). This modern fluid identity allows greater individual freedom but also causes instability in identity, which leads to anxiety. Because actions determine identity, we are “entrepreneurs of self,” and thus significantly more pressure is placed on the individual’s reactions and presentation of themselves (McDonald 121). Choices are judged, which means that identity is judged. McDonald seems to suggest that societal pressures and taboos that normal teenagers experience may either prevent that teenager from making a crucial choice—that could come to define her identity—or society will then judge her for making that choice. This new fluid identity based on consumption is an innately unstable construction because anxiety underlies this identity. Bean and Moni argue that, “youths no longer live life as a journey toward the future but as a condition” (640). This elucidation means that identity formation is a conscious process undertaken by adolescents not the product of larger forces. And based on this conception, normal adolescents struggle with positive identity construction because identity is no longer an essence but a problem to be undertaken.

This lack of institutional structure defines the society that grows-up with this instability. In an empirical study that looked at levels of adolescent uncertainty in fourteen different countries, Melinda Mills, Hans-Peter Blossfeld, and Erik Klijzing found that “youth in all countries are clearly exposed to more uncertainty in the course of globalization,” which “accentuates and even cultivates inequality” (Mills et. al. 423, 424). Youth today are outsiders to the business world and capitalism as the “losers of globalization” (Mills et. al. 424). The main source of uncertainty seems to derive from the lack of stable jobs in association with less fixed term contracts but more part-time work, irregular work hours, and underemployment. McDonald even argues that these high levels of unemployment demonstrate the “disappearance of norms”

(202). And this disappearance has been internalized by the youth as a kind of broad unease, where an entire generation now worries about the future because they can no longer strive for an assured goal. This financial and personal uncertainty also appears to accumulate at the social bottom with racial minorities and women (Mills et. al. 424). This accumulation suggests that young women experience more uncertainty, thus more anxiety, than their male counterparts. Mills and her colleagues also found that women deal with uncertainty in unique ways. Some women do choose to focus on careers and developing human capital, but other “opt for certainty in the family realm” (Mills et. al. 432). The lack of financial stability means that many young women today must choose between two parts of themselves, because familial success and career success are almost mutually exclusive. Economically and socially, young women cannot pursue a career and romance at the same time.

This increased uncertainty in young women’s lives “impedes their transition to adulthood” (Mills et. al. 427). The study found that young adults enrolled in education as way to “temporarily avoid unemployment or precarious work,” but this education also postponed their first partnership and child (Mills et. al. 430, 428). This reality of uncertainty about the future creates so much anxiety for a young woman that she postpones adulthood; however, while she upgrades her credentials, she puts off the decision between romance and career—two life paths that seem incompatible with our future. Moreover, there has also been a shift since the 1960s away from early marriage and parenthood; instead young women choose non-committed relationships. Because young women today are uncertain about the future and “the implication of long-term commitments,” many young women choose relationships with “less binding obligation” (Mills et. al. 431). This anxiety affects how young women today decide to live their lives and seems overwhelmingly prevalent younger generation. In fact, Jean M. Twenge looked

at trends in adolescent mental health in the United States and noticed that the percentage of adolescents who suffer from depression and anxiety issues has steadily increased since the 1960s (469). Although quality of life, medication, and psychological support has also increased since the 1960s while serious issues, such as depression and suicide, have decreased since the 1990s, for some reason adolescent psychological distress has continually worsened over the last half century. A study conducted from 1985 to 2010 indicates that the majority of American adolescents believe they are below average in mental health and feel overwhelmed, and twenty-nine percent of college students feel overwhelmed, with a majority exhibiting trait anxiety (Twenge 470). The millennial generation as a whole seems to experience anxiety; and as McDonald explains, women are even more susceptible to this unrest than men. Twenge concludes, “something about modern life is causing more people, especially young people, to feel anxious and depressed” (469). The increased social expectations combined with decreased financial security and institutional support, explains this generational anxiety about the future.

The romanticized cancer in these YA novels appeals to the reader as a stable, romantic alternative to this uncertain future. Compared to the many arbitrated choices of normal adolescence, cancer creates a very narrow set of circumstance but opens up all available choices as viable options for the patient. The amount of personal freedom to choose identity without judgment, which derives from the lack of societal expectations placed on the cancer patient, means that she experiences less pressure on her personality. While she may fear that she will run out of time to do everything she wants, the cancer patient feels significantly less anxiety about who she is as a person; because, as previously noted by Cam in *The Probability of Miracles*, these young, dying female protagonists can truly *choose their identity*. By this I mean that an average teenager’s choices determine their identity, but each of those normal teenager’s choices—

—of which there is now a greater number—is not entirely the result of her freewill but highly influenced by societal pressures; whereas, the cancer patient makes each choice of her own volition. Moreover, as previously stated because this modern identity is fluid but unstable, but the cancer patient will likely not experience this instability. Instability requires times for change and reestablishment, which the young cancer patient does not have. While, instability and thus anxiety underlies the identity of normal teenagers, the young women that experience romanticized cancer in these novels avoid many of the identity concerns of normal adolescence. For example, the young, dying women in these six novels do not have to choose between career and love, cancer has already chosen for them. This predetermined choice removes the young woman's societal pressure to succeed in anything but romance. Cancer means that one must quickly experience as much as possible before death, including marriage, which provides a kind of rationale for not completely reaching other milestones of adulthood, such as college or career. And in terms of romance, cancer means that there is no long-term commitment, so young people can enter into marriage without anxiety over long-term compatibility.

This clearly defined and unique life path means that these female protagonists view their identity, once developed, as coherent because cancer allowed them to truly take hold of romance in their teenage lives and become women. As a result, these young, dying women see their lives, no matter how short, as fulfilled. Jamie in *A Walk to Remember*, Hazel Grace in *The Fault in Our Stars*, and Cam in *The Probability of Miracles* each articulate this fulfillment before they die. When Landon asks Jamie if she has any regrets, she replies, “we all have regrets... But I’ve led a wonderful life” (Sparks 190). And then when Landon asks if she is sad to die young, Jamie replies, “I’ve even fallen in love and had someone love me back” (Sparks 190). Despite the tragic circumstances of her death and the short duration of her romance, Jamie’s comments

suggest that she views her marriage to Landon as the climax of her entire life, so whether she dies soon or years later she has led a wonderful life. Hazel Grace expresses this same contentment about her lot in life when she reads a eulogy to her boyfriend, Augustus, as they both prepare to die:

Some infinities are bigger than other infinities...and I want more numbers than I'm likely to get, and God, I want more numbers for Augustus Waters than he got. But, Gus, my love, I cannot tell you how thankful I am for our little infinity I wouldn't trade it for the world. You gave me a forever within the numbered day.

(Greene 260)

Although Hazel Grace would like to live longer to spend more time with Augustus, she knows that she cannot actually live for an infinite amount of time. Thus, regardless of how long Hazel Grace and Augustus experienced their great love story, she values that romance in a short life more than a long life without such love. In *The Probability of Miracles*, Cam also dies only after Asher returns and the pair can fully declare their love one last time. And in this moment on the last page of the novel seconds before she floats into “the bright white light,” Cam echoes Jamie’s sentiments, when Cam says, “It’s a wonderful life...However it plays out” (Wunder 358). Cam, like Jamie and Hazel Grace, expresses a fulfillment derived from her romance, a love story that cancer allowed. The disease, though it abruptly cuts off the life of these young women, creates a setting that facilitates self-actualization, because the protagonists can develop their identity while they pursue their romance with total freedom—in the little space that cancer allows. Once these young women accept the limitations of cancer on their bodies and time, they face no other concerns about their choices in the remainder of their lives.

On the other hand, high expectations partnered with encouraged individualism shape a “lifelong susceptibility to anxiety” for the average teenager (Twenge 470). The average teenager must spend try to reach a social bar of excellence based on arbitrary measures of materialistic

success. And this emphasis on extrinsic values leads to “a disconnect between expectations and reality for young people,” who are told they are perfect and without limits (Twenge 470).

However, society places an infinite amount of limitations on every person, and especially every woman, while also placing an exceptional number of expectations on those same women.

Therefore, the majority of young women can never obtain their aspirations, because the system is set up such that the expected achievements are actually impossible to achieve. The twenty-five year study that looked at adolescent mental health stated that 73% of teenage girls “report feeling pressured to be perfect” (Twenge 470). The vast majority of women today feel that they should be perfect and that such perfection is obtainable, yet the social pressures and limitations they experience inherently rebuff any attempts to reach that fulfillment. McDonald argues, “in the attempt to give meaning to that [disruptive] experience, we see a search for embodied coherence,” which “attempts to resist assimilation to powerful logics of mobilization of self-esteem” (212). Young women, according to McDonald, use these self-imposed, destructive illnesses as a way to contest the power structure that prevents true fulfillment though expects it. And then as McDonald says, “we are no longer required to adopt a role, but instead must search for the hero inside ourselves,” which seems to explain what he means by mobilization of self-esteem (216). However, most adolescents do not have the opportunities for this type of personal heroism promoted in the media or in fiction, and their identities underscored by anxiety would not allow it. But romanticized cancer allows for a non-anxious identity and facilitates romantic heroism as the protagonist faces death.

This realized identity and experience promoted by romanticized cancer seems better than the unstable identity and anxiety-ridden reality that most adolescents expect. Gardiners explains that the female reader “goes through a somewhat analogous process in her empathetic

identifications,” as if “it were a person with whom one might alternatively be merged” (357-8). The female reader relates to the cancer patient—the female protagonist—and sees the character’s life as better and her identity as more exciting and romantic. Yet, the paradox of romanticized cancer says that once a young woman develops that identity and achieves that romance, she dies. The young, dying women presented in YA fiction do not get to live with their contentment; they achieve that level of fulfillment as a conciliatory prize for adolescent cancer. While the consequences of cancer are indeed positive and appealing, the provocation for these rewards is premature death. However, the young reader does not have the mental and experiential wherewithal to an individual cannot or should not live in such a paradox.

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Conclusion

YA cancer fiction is a highly appealing narrative, it seems as I mentioned earlier because the tragic romance story provides an alternative to the seemingly more complex stories that the young readers hear about or must live themselves. Pamela Cole argues that the problem novel, of which the YA cancer novel seems to be a subset, allows “readers to retreat from social problems” (165). Accordingly, because young adults are drawn to and relate to this alternative story of fulfillment presented in the YA cancer novel in contrast to their own anxiety-ridden futures, a potentially dangerous situation can occur since the romantic realities and identities developed in these illness narratives are a fake realism. Novels often present a situation that resembles reality, but most of that story can never actually occur. And young readers often fail to realize that the difference between realistic fiction and fantasy is often less than the difference between realistic fiction and nonfiction. Mike Cadden, professor of English and Director of the Childhood Studies at Missouri Western University, explains that these novels are indeed

“seductive,” but the fake realism presented in these novels “entices young readers to wallow in unrealistic expectations about their lives” (311). It is true that escapist narrative can be seen as a dangerous fantasy that distracts adolescent from acknowledging their real problems; nonetheless, although most critics believe that romance and YA literature have very little literary merit, the positive physiological relief of such an escape from anxiety for these adolescents validates the YA cancer novel’s purpose in the literary world.

Despite the predictability of these novels, the particular escape that they portray focuses on powerful women without societal limitations or fear, death just happens to be a consequence of this freedom. Even though the tragedy seems to allow a depiction that could be detrimental to the actuality that these young women must really experience, as Cole says, “reading romance is a ritual of hope” (Cole 169). Whether or not that hope is actually obtainable does not matter. It is also probable that much of the literary resistance towards YA romance fiction, which is primarily targeted at women stems from the gendered bias that surrounds romance in general, as a genre through which women can both find their voice and address their problems (Cole 182). But the popular appeal of this novel—five out of the six novels I evaluated have been made into highly successful blockbuster movies—demands our attention and the literary purpose demands that we read widely in this genre. While I argue that the YA cancer genre represents generational anxiety, these novels definitely speak to the teens interests; and if we want adolescents to respect our concerns or the concerns of our nation, the literary world cannot condescendingly disregard their interests that speak to the concerns of the millennial generation. Chris Crutcher, the author of three of Hipple and Claiborne’s top 22 novels and recipient of the Margaret A. Edwards Award from the American Library Association for his contribution in writing for teens, argues “the best [YA novels] preform a valuable service, both academically and emotionally” because

the genre is education for the reader and society “elevated above regurgitation and analysis” (Cole 104). The contemporary teenager does not need to be told what to do or how to deal with their emotions through text books, rather the YA novel provides an outlet for the reader to evaluate their own self and ideas through an entertaining medium. Cutcher, who is also a child therapist, adds that kids often feel “unheard” by the adults in their lives; thus, teenagers turn to fiction as a reflection of some part of themselves to reaffirm their identity and problems that the adults ignore (Cole 93). We need to evaluate the YA cancer genre first of all because it appeals to so many teenagers, but the YA cancer novel offers important look at the potential anxiety many young readers may not actively voice.

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Notes

ⁱ In fact, Margalit Fox in an evaluation of Erich Segal's work after his death in 2010 provides an interesting example of the critical response to *Love Story* when it was first published in 1970.

She explains that in "early 1971, after *Love Story* was submitted for consideration for a National

ⁱⁱ Interestingly, none of the young women in YA fiction have breast cancer, the most socially prevalent from and the most overtly erotic form of the disease for women. Instead, all protagonists have children's cancers, normally some form of leukemia. Wunder explicitly diagnosis Cam with a baby's disease: "Neuroblastoma was a baby cancer. Something happened to the baby nerve cells before they became mature nerve cells and they started growing out of control, creating tumors around the liver and then spreading to the bones or kidneys or anywhere, really. Ninety-nine percent of cases happened in babies. And most people, when they got it as babies, could survive it. With babies, it had even been known to spontaneously, miraculously, disappear. It was a different story if you got it when you were older. Chances of survival were pretty slim" (67).

ⁱⁱⁱ I believe that the religious overtones of *A Walk to Remember* prevent the female protagonist, Jamie, from explicitly stating her sexual desires. Nonetheless, she does engage in innocent sexual relations with the male protagonist as their romance progresses. Furthermore, they do get married at the end of the novel; although whether or not they actually have sex is never addressed.

^{iv} However, the young women dying in these YA novel are children based on American standards; thus, sex at their age and out of wedlock threatens American cultural expectations about premarital sex. And as a threat, the dying teenager's unregulated sexuality speaks to the social nonconformity of female desire.

^v Herndl also points out that these autobiographies create a community of cancer (243). However, YA novels fail to create a community of cancer patients (234). Rather, the women or girls in YA cancer fiction are they only one's they know with cancer, or they have one partner in crime through which they relate. For many of YA cancer novels it is their love interest, who has cancer, but in *The Probability of Miracles*, Cam's best and only friend, Lily, has cancer. For example, Wendy Wunder writes, "Cam and Lily had vowed never to do that [Make-A-Wish]. They weren't going to join the cancer establishment or exploit their illness for free stuff" (Wunder 61). Although both do take Make-A-Wish, they do it with a sort of irony.

^{vi} Augustus, in *The Fault in Our Star*, and Taylor, in *My Sister's Keeper*, who act as saviors for Hazel Grace and Kate respectively also have cancer. Augustus and Taylor also both die from their disease in the course of the narrative, while the young women survive at least until the end of the novel. This difference may be because the Augustus and Taylor were able to "save" the women but had no savior for themselves.

^{vii} Yet, despite the metaphorical implications of illness and identity formation in YA literature, most YA cancer narratives, receive virtually no critical attention. In a *Publishers Weekly* review, Theresa Parks calls *A Walk to Remember* (1999), which was one of the first YA cancer narratives, corny, simple, formulaic, blatantly melodramatic, and believes that "readers may be frustrated with the invariable formula"(Parks). Yet, *A Walk to Remember* ranks number 12 on *Publisher Weekly's* list of Bestsellers Fiction from 1999 and remained on the New York Time's best-seller list for ten months (Best Selling Books; Young Adult Fiction). Other YA cancer narratives, such as *A Sisterhood of the Traveling Pants* (2001), *My Sister's Keeper* (2004), *Me Earl and the Dying Girl* (2012), and *The Probability of Miracles* (2012), all spent

time on the New York Times bestseller list, most for over a year, and John Green's *The Fault in Our Stars* (2012) spent over three years on the list (Young Adult Fiction).

^{viii} Jenny is also the oldest female protagonist, and as a woman in her early twenties compared to an adolescent, her sense of self and any identity development will be different from the girls in the other novels.